

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10675086

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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11						
12						
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16	1					
17	1					
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21	1					
22		1				
23		1				
24		3				
25	1					
26	1					
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33	1					
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50						
TOTAL IND.	9					
TOTAL DEP.	32					
TOTAL CLAIMS	41					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						